PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/043075

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED NUM		NUMBE	R EXTRA		BASIC FEE	375.00	OR	BASIC FEE	740 750.0 0
то	TAL CHARGEA	ABLE CLAIMS	34 minus 20= *			14	· ***	X\$ 9=	- Filtra	OR	X\$18=	252
IND	EPENDENT C	LAIMS	/2. minus 3 = * 9			9		X42=	-	OR	X84=	756
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in co					olumn 2		TOTAL		OR	TOTAL		
P	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT	d	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·:	RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 34	Minus	** 34	7	= /		X\$ 9=	1	ŌR	X\$18=	7
AME	Independent	* 12 ENTATION OF M	Minus	***/	2 CLAIM			X42=		OR	X84=	
<u> </u>	THE THE CENTER OF ME		SEIN LE BEI ENBENT O		·	·		+140=	L	OR	+280=	
	· ·				•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
9	Election (Column 1) (Column 2) (Column										:	
AMENDMENT B	Alpa	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI TIONAL FEE	98. a.s.	RATE	ADDI- TIONAL FEE
	Total	* 34	Minus	** 39	4.	= (X\$ 9=		OR	X\$18=	-)
AME	Independent	+ 12	Minus	*** /c	2	=		X42=		OR	X84=	<i></i>
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OB	+280=	
		1.1+						TOTAL		OR	TOTAL	/
	12/16/03	Amout (Column 1)	·	(Colu	mn 2)	(Column 3)		ADDIT. FEE		-	ADDIT. FEE	
AMENDMENT CHI	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	(EST	PRESENT_ EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
NON	Total	· /25	Minus	***	34			X\$ 9=		OR	¥X\$18≡	
AME	Independent	A CONTRACTOR	Minus		12		4	X42=1.	1	OR	X84∋	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4140±**			2	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE											1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
**	If the "Highest N	umber Previously F	aid For" IN TH	IS SPACE	is less tha	n 3, enter "3."		ADDIT. FEE	, FW .	and the	ADDIT. FEE	
	The Highest Nu	mber Previously Pa	id For" (Total o	r Independ	ient) is the	highest numb	er fo	und in the ap	propriate bo	x in co	olumn 1.	

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CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Colur	(Column 2)		TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED			ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=	4 . 10	OR	X\$18=	
—	EPENDENT CL			nus 3 =		3		X42= -	1 1	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If	the difference	less than ze	ess than zero, enter "0" in column 2				TOTAL		OR	TOTAL		
And CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALLE	ENTITY	OR	OTHER SMALL	
MATA	Modern In J	CLAIMS REMAINING AFTER	S ING		HEST IBER OUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT A	Total	* /2	Minus	** 3	FOR	=		X\$ 9=	FEE 1	ΟŔ	X\$18=	FEE
AME	Independent	* / NTATION OF MI	Minus	*** /	2 T CLAIM	=		X42=.		OR	X84=	/· .
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ ۱	+140=		OR	+280=/	
·								TOTAL ADDIT. FEE	L -	OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Colu	mn 2)	(Column 3)					;	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT			HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE-	1. 1. 1. 1. 1.	RATE	ADDI- TIONAL FEE
MOM	Total · :	*	Minus	**		= . =		X\$ 9 <i>=</i>		OR	-X\$18≅	
ME	Independent	*	Minus	***		8		X42=	- 1	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J∵∤			O.		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		÷	2		+140=		OR.	77.2	
			. 19 4 <u>11144</u>				TOTAL ADDIT. FEE		OR	ADDIT: FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		=AMENDMENT *		NUM PREVI	HEST MBER OUSLY FOR	PRESENT - EXTRA	1	RATE±	ADDI TIONAL FEE		PATE	ADDI TIONAL FEE
NDN	Total 🛬	Paris I	Minus	**	k		E E	X\$ 9= -		OR	-X\$18=	
AME	Independent-	***	Minus	***				X42		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPEN				T CLAIM				122	011	As Va	
	If the entry in colu	mn'd is loss than t	he entry in solv	mn 2 um	e "O" in co	umn s	5,	+140⊜	1	OR	+280=	±41 ·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												